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**Date:** March 17, 2005

**File Number:** 5577-337

**Telecopier No.:** 703-872-9306

**To:** Mail Stop Amendment  
Examiner: John J. Romano  
Group Art Unit: 2122

**Company:** United States Patent and Trademark Office

**From:** Elizabeth A. Stanek

**Number of Pages:** 14  
**(including cover)**

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Attorney's Docket No. 5577-337/RSW920010175US1

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Bell *et al.*

Serial No.: 10/042,794

Filed: January 9, 2002

For: **EFFICIENT CONFIGURATION DATA MIGRATION TECHNIQUE**

Confirmation No.: 5106

Group Art Unit: 2122

Examiner: John J. Romano

Date: March 17, 2005

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**CERTIFICATION OF FACSIMILE TRANSMISSION**  
**UNDER 37 CFR § 1.8**

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*Erin A. Campion*  
 Erin A. Campion

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.☒ No additional fee is required.☒ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	28	28	= 0	x 25=	\$	x 50=	\$ .00
Indep	5	5	= 0	x 100=	\$	x 200=	\$ .00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				Total Add. Fee \$		OR Total	\$ .00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Attorney Docket No.: 5577-337/RSW920010175US1

Application Serial No.: 10/042,794

Filed: January 9, 2002

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- ☐ Please charge my Deposit Account No. 09-0461 in the amount of \$ \_\_\_\_ for \_\_\_\_.
- ☐ A check in the amount \$ \_\_\_\_ to cover \_\_\_\_ is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 09-0461.

Respectfully submitted,



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Alexandria, VA 22313-1450**CERTIFICATION OF FACSIMILE TRANSMISSION  
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March 17, 2005 via facsimile number 703-872-9306.  
Erin A. Campion**AMENDMENT**

Sir:

Applicants provide the present Amendment to address the issues raised in the Office Action mailed December 17, 2004.

If any extension of time for the accompanying response or submission is required, Applicants requests that this be considered a petition therefor. The Commissioner is hereby authorized to charge any additional fee, which may be required, or credit any refund, to our Deposit Account No. 09-0461.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.